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## **FACSIMILE TRANSMISSION**

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TO:

Commissioner for Patents

Alexandria, VA 22313-1450

ATTENTION:

Examiner: Heitbrink, Timothy W, Group Art Unit: 1722

FAX-NO.:

(703) 872-9306

FROM:

Henry M. Feiereisen, Reg. No.: 31,084

APPL, NO.

10/603,459

FILED:

June 25, 2003

DOCKET NO:

REICHSTEIN

TYPE OF PAPER: RESPONSE TO OFFICIAL ACTION dated March 9, 2005,

COPY OF DECLARATION and CHANGE OF ADDRESS

DATE:

July 5, 2005

NO. OF PAGES (including this page): 14 pages

MESSAGE:

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#### CERTIFICATION OF FACSIMILE TRANSMISSION

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#### PATENT

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No.: REICHSTEIN

In re Application of:

ULRICH REICHSTEIN et al.

Examiner: Heitbrink, Timothy W

Appl. No.: 10/603,459

**Group Art Unit: 1722** 

Filed: June 25, 2003

For: INJECTION MOLDING MACHINE WITH)

ELECTRIC COMPONENTS LINKED IN )

WIRELESS MODE

RESPONSE TO OFFICIAL ACTION dated March 9, 2005

RECEIVED CENTRAL FAX CENTER JUL 0 5 2005

MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SIR:

This communication is in response to the Official Action of March 9, 2005, having a shortened period for response terminating June 9, 2005.

The Commissioner is hereby petitioned to extend the period for response to above-referenced Official Action by ONE month until July 11, 2005.

[ ] Accompanying this amendment is the appropriate fee of \$ pursuant to 37 C.F.R. §1.17(c) and 37 C.F.R. §1.136(a).

07/05/2005 16:18 2122442233 HENRY M FEIEREISEN PAGE 03/14

Docket No.; REICHSTEIN Appl. No.: 10/603,459

[X] The Commissioner is hereby authorized to charge the appropriate fee of \$120.00 pursuant to 37 C.F.R. §1.17(c) and 37 C.F.R. §1.136(a) and any additional fees which may be required, or credit any overpayment to Deposit Account No. 06-0502.

[X] The Commissioner is hereby also authorized to charge any fees which may be required during the pendency of this application, including any patent application processing fees under 37 C.F.R. 1.17, and any filing fees under 37 C.F.R. 1.16, including presentation of extra claims, or credit any overpayment to Deposit Account No: 06-0502.

Please amend the above-entitled application as follows: